Frostburg Md

ISM 9/59

(Carlos

IF UNDER 1 YEAR IF UNDER 24 HRS

U.S.A.

(County)

arthur & Harra

12. CITIZEN OF WHAT COUNTRY?

Months

e. IS RESIDENCE

ON A FARM?

YES NOT

Yeor

1902

Wd.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

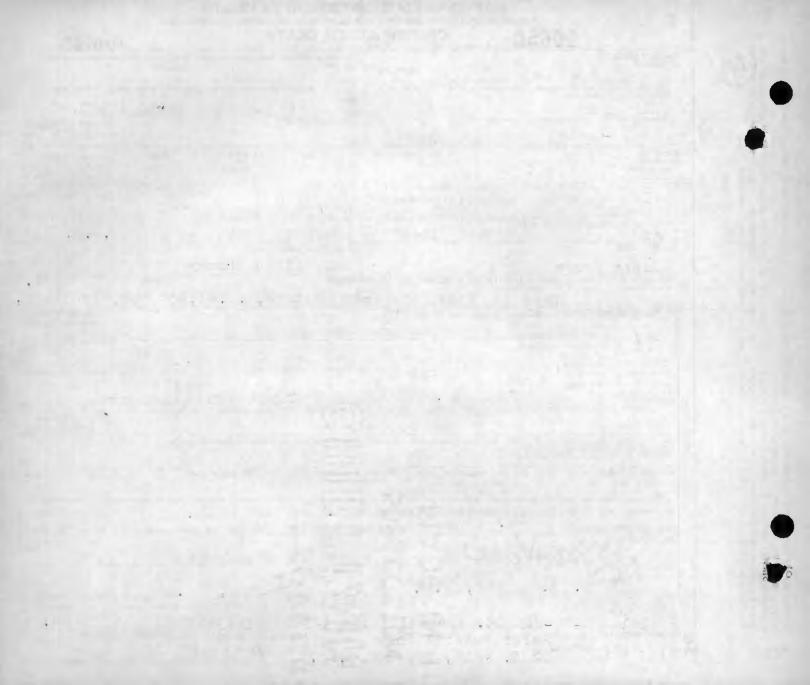
YES NO

(Stote)

SIGNED

(Stote)

Md .



Page 4

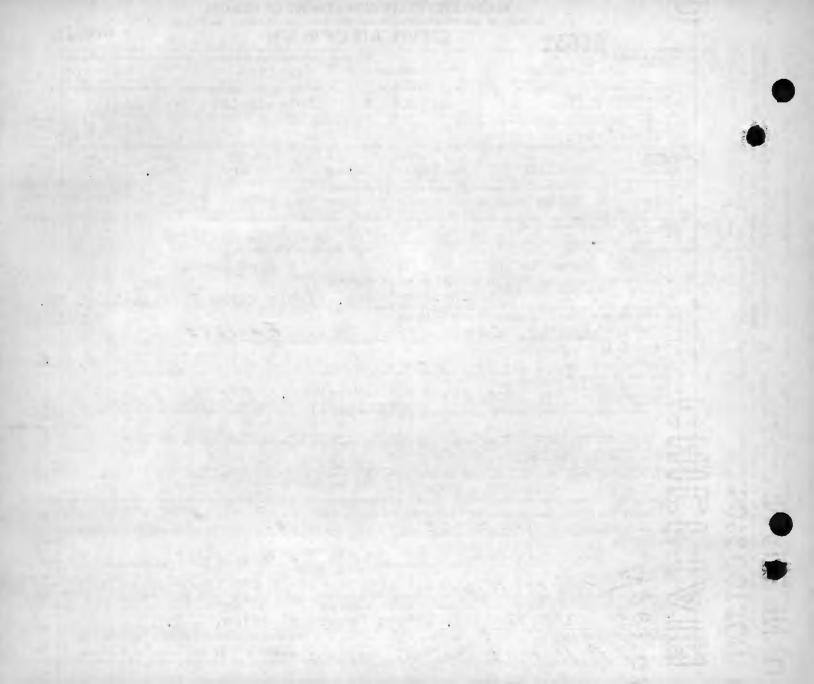
VR A15 (4) 15M 9/S9

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00651

00646

o. COUNTY	Garrett		MARYLAND		o. STATE Maryla		b. COUNTY	Garı		n)
b. CITY OR TOWN (I	f outside corporate limit carest fawn) V1110	s, write	c. LENGTH OF STAY IN 16 minutes	1	c. CITY OR TOWN (If ac	itside carporate l		-		
d. NAME OF HOSPIT OR INSTITUTION Main St	Al (If not in haspitol, gi	ive street (	address)		d. STREET ADDRESS				e. IS RESID ON A F. YES T	
3. NAME OF DECEASED (Type or print)	Jeremiah	it	Wesley	En	lost low	4. DATE OF DEATH	Month Jan		3 19	62
s. sex Male	6. COLOR OR RACE	7. MARR	TIED NEVER MARRIED DIVORCED DIVORCED	-	une 14, 18	ia		Months Day		24 HRS. Min.
100. USUAL OCCUPATIO during most of work FARMINS	ON (Give kind of work of king life, even if retired)	lone 10b.	Farm	USTRY	Sang Rur		_	12.CITIZEN USA	OF WHAT CO	UNTRY?
13. FATHER'S NAME	Rufus En	low		14	. MOTHER'S MAIDEN N. Ar	<sub>MME</sub> nne Sav	age			
1S. WAS DECEASED EVE (Yes, no, or unknown) NO	R IN U. S. ARMED FORG	rvicel			MANT s. Minnie	Enlow	Friend		le. Md	
Conditions, if a gave rise to it couse (a), stating lying cause last.  PART II. OTH	the under- the under- (c)	Ca Co	ONTRIBUTING TO DEATH BU	A A IT NO	CELUSIO  1-12 1-1 3  TRELATED TO THE TERMIN	C/FF NAL DISEASE CO	O 3 / S	N IN PART 1(o	PERFORM	1 97 - JTOPSY MED? NO 2
20g ACCIDENT WAS OR CONTRIBUTING OR CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTI	MEDICAL EXAMINER)		Not while f	PLACE	of INJURY (Hame, form, street, affice bldg., etc.)	20f. (City or to		(Count	ty)	(State)
saw the deceas 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	ed alive on 13  Les Es  PEDRO	en de	NERH ME	deat	ATTENDING ME DIR 22d. ADDRESS	D. SECTOR D PI	AFF.	l an the do	1- 4-	DATE SIGNED
230. BURIAL, CREMATIC REMOVAL (Specify) BULL 1 a 1 24. FUNERAL DIRECTOR	1/8/6	- 1	Mt. Olivet ADDRESS Oakland, M	Ce	emetery 250. REC'D	Zion,  By REGISTRAR  8 262	ZSb. REGIST	recounty)  TRAR'S SIGNA  Jung S. 16		



= ==	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI  CERTIFICATE OF DEATH  LEM 2 F1 m G205 1/22/62 iwk	RYLAND
should h. h.	1. PLACE OF DEATH  •. COUNTY  Garrett  Maryland  2. USUAL RESIDENCE (Where deceased lived, If Institution, Res  b. COUNTY  Garrett  Maryland  Garrett	•
In by the sis I and 2 feer death.	b. CITY OR TOWN (if outside corporete limits, write RURAL and give parest, town)  Mt. Lake Park,  c. CITY OR TOWN (if outside corporete limits, write RURAL and give parest, town)  Mt. Lake Park,	
ly filled in the season of the	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  Residence of Miss Josie Weimer  d. STREET ADDRESS  "F" Street	e. IS RESIDENCE ON A FARM? YES NO
mplete paper in 72 l	OF DECEASED (Type or print) Sara Jane Friend DEATH January 13.	19 <b>62</b>
and co carbon	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Female White NIDOWED	
hysician remove any ever	House Work Own Home Allegany Co., Md. U.S	· A
death nding p	Silas Weimer Nancy Jane McRobie	
that the attempt The attempt The attempt Then the attempt Then the attempt Then the attempt Then the attempt The a	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hyas givewer or datas of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  Miss Josie Weimer Mt. Lake Pa  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	rk. Md.
squires shysician ned by sit perm on, or r	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY SLEROSIS	ONSET AND DEATH
nding poen sig	Conditions, if eny, which gave rise to immediate cause (b) HYPERTENSION	
LN: The lor after the has the burial, burial,	causa last. (c) ARTERIOSCLENCIS	e) 19. WAS AUTOPSY
respitation of the spital of t	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II  THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II  TO LATER AND THE PART II. OTHER MAD LOCAL EXAMINER II. OTHER MEDICAL EXAMINER III.	YES NO .
IG PH by the en this hed for fealth		y) (Stefa)
VDIN dined OR: Afford oe detac ept. of It	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, fectory, streat, office bldg., etc.) 20f. (City or town) (Country by the stream of the strea	2) that (f) (-) la
R P.	saw the deceased alive on	e date stated abov
EKAN DIE EKA	22c. PHYSICIAN'S  ATTENDING MED. PHYS. DIRECTOR PHYS. DIRECTOR DIR	1 15/67 SIGNE
death. Parto Function of Funct	NAME (Type) E. I. Baumgartner, M. D. Oakland, Md.  23. BURIAL, CREMATION, 23b. Date thereof 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county)	(State)
VR A15 (4)	BENTATOCIFY 1/15/1962 Oakland Cometery Oakland, Md.  24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR'S SIGNATURE OR PROBLEM 256. REC'D BY REGISTRAR'S	
15M 9/60	Action Oakland, Md. DATE JAN 17'62 arthur &	Thomas .

MARYLAND STATE DEPARTMENT OF HEALTH

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· M. Martalab

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00648 CERTIFICATE OF DEATH 00653 Reg. Dist. No. director, illed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY be filed MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest tawn) pluor CCIDENT CCIDENT e. IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION YES NO .드 등 4. DATE NAME OF Middle Manth Day filled des 1 DECEASED OF DEATH (Type or print) PHYSICIAN: The law requires that the death certificate be executed within IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED TH NEVER MARRIED B. DATE OF BIRTH campletely last birthday) Manths Days Hours DIVORCED WIDOWED | carbon papers. after death. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or figreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo HARMER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion a U.S hours remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address attending 2 eose INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** ABCINOMA OF The Prostate Gland by 142 permit. any Conditions, if only, which After this certificate has been signed gave rise to immediate **DUE TO** cause (a), stating the under-UNKNOWN CAUSE pup lying cause last. **burial-transit** or attending physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 2 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part III of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or lawn) (State) 20c, TIME OF INJURY Manth. Day, Year 20d, INJURY OCCURRED (County) factory, street, affice bldg., etc.) Hour a.m. While Nat while at work at work an 1962 that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 1300m, from the causes and an the date stated above. alive an by the ECTOR: detack ADDRESS (Street, city ar lawn, state) DATE SIGNED ACTUAL SIGNATURE iondovelle shauld TO FUNERAL PHYSICIAN'S NAME (Type) registrar (2) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d LOCATION (City, lawn, or county) (State) 22c. NAME OF CEMETERY OR CREMATORY page REMOVAL (Specify) he JOHN'S ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE arthur S. Kraus VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CHREETT. MINES COMMETT ACCIDENT KINGE JOYAS FLAGE ACCIDENT CHARLES WILLIAM GEORG - JAN T 62 17 HALE WHATE NULL 7, 1889 72 JARANER + WILLIAMAN CULD FAKIN GARRETT CO 110 215 A PREDETERS PREDETER PALMINGER YES UNIX T I THE CHINA NEW WAR P. academit Til URE MIG LABORNOMA OF The Prosetoto Charle in UNKNOWN INUSE your ex fan ex gan es Peter Rivera O Firemante, Md. 1-8-1100 PEDRO RIVERA, MA BURRE 1/10/62 ST JOHNS RDAGIOGNIT CHINETELLING No Merman Guntouth M.S. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after de

TO HOSPITAL OF TO FUNERAL ON

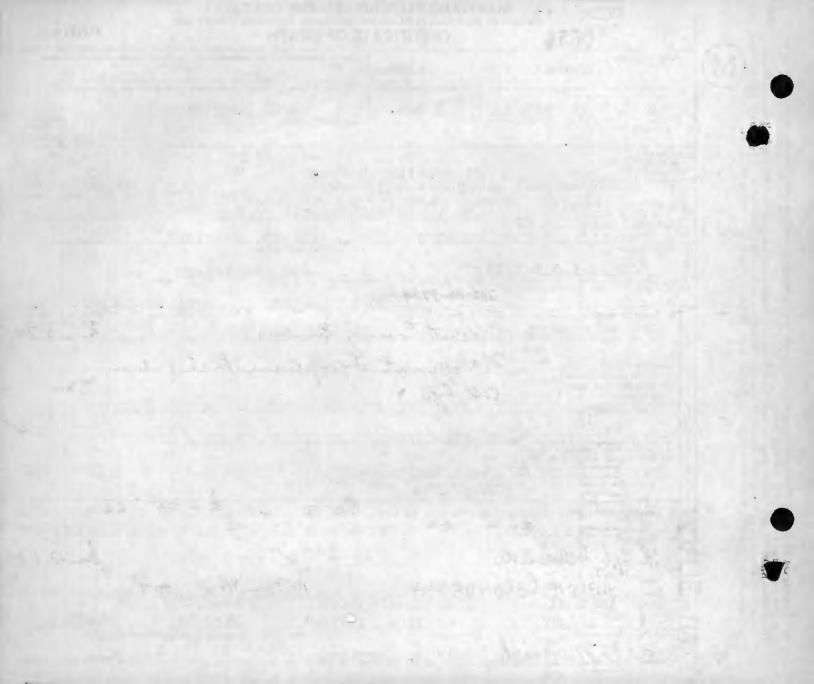
VR A15 (III) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00654

00649

a. COUNTY	Garrett	MARYLAND	a. STATE Marvla:	deceosed lived. If institution: Reside b. COUNTY Garr	nce before admission)
b. CITY OR TON	VN (If outside carporate limits, wive nearest tawn)	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	le corporate limits, write RURAL and	give nearest town)
Rural	Deer Park	3 mos.	X Rural	Deer Park	
d. NAME OF H OR INSTITUT	OSPITAL (If not in haspital, give s	street address)	d. STREET ACIGRESS		IS RESIDENCE     ON A FARM?     YES  NO
3. NAME OF	First	Middle	Last 4.	DATE Month	Day Yeor
(Type or print)	Rosa	Marguerite		OF DEATH	25. 19 62
S. SEX	6. COLOR OR RACE 7.	MARRIED T NEVER MARRIED	B. DATE OF BIRTH		R I YEAR IF UNDER 24 HRS.
Female	White w	DOWED DIVORCED	May 5, 1895	66 yrs. Months	Doys Hours Min.
10a. USUAL OCCU	PATION (Give kind af work dane working life, even if retired)	106. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or fo	oreign country) 12.Cl	TIZEN OF WHAT COUNTRY?
	ewife	Own Home	McHenry.	Maryland	USA
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN NAME		
Sa	ummuel Glotfe	ltv	Ida Fas	zenbaker	
	EVER IN U. S. ARMED FORCES	16. SOCIAL SECURITY NO. 17.	NFORMANT	Address	
no	fit Agy Blog wot ot odies or service	1313 - 36a - 4984 1	obart Harevv	rural Deer	Park Md.
	DEATH [Enter only one couse			10101	INTERVAL BETWEEN
	DEATH WAS CAUSED BY:	Co. t. C.	Th. 0.		ONGET AND DEATH
0	IMMEDIATE CAUSE (o)	account to the	- Junions		
Conditions	if ony, which } (b)	Malin +	4	IRa. to	
	to immediate	moungreus.	o your our	Mach cul	-
lying couse	ting the under-	Call trace			3200.
	/ (0)	ONS CONTRIBUTING TO DEATH BUT	T NOT PELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PA	PT 1/ol 19 WAS AUTOPSY
PART II	CHECOCHICON CONTIN	ONS COMMISSION TO DEATH BO	THE PERIOD OF THE LEMMINAL	DISEASE CONDITION ON AN INVENT	PERFORMED? YES NO Z
E 30- ACCIDEN	T WAS UNIDERLYING (T) 206	. DESCRIBE HOW INJURY OCCURR	ED /Enter noture of injury in Poet	Lor Port II of item 18.1	IES LI NO
(IF EITHER, NO	T WAS UNDERLYING [] 206 TING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	. DESCRIBE NOW INSORT OCCORR	ED. (Line) Notice of Impriy In Fort	Total to the state of the state	
		6.	LACE OF INJURY (Home, form, 2) octory, street, office bldg., etc.)	Of. (City or town)	(County) (State)
Hour o		While Not while I'm work of work	sciory, siteer, office blug., etc.)	ħ.	
21 Leophify	that (I) (this haso(Pal) a	ttended the deceased fram.	They 20 1961	1 km 25 106	2 that (I) (we) last
1		2 4		from the causes and an th	
22a. SIGNATU	ceused drive dil.		deam accorred dig_12/6/	from the causes and an ir	A 22b. DATE
1.6	11 (20. 0.00		M.D. PHYS. MED. DIRECT	OR THYS.	SIGNED
22c. PHYSICIA	US - WEALTHON	<u> </u>	22d. ADDRESS	OK	1000 01-01
NAME (T)	DON RITLAH CAL	AN DRELLA	1xitzm	iller med	
23a. BURIAL, CREA		23c, NAME OF CEMETERY	OR CREMATORY 23d	LOCATION (City, town, or county)	(Stote)
Buria Buria	1/28/62	Paradise	Cenetery	Garrett	Maryland
24 FUNERAL DIRE	TOR'S SIGNATURE	ADDRESS	250. REC'D BY		IGNATURE
1 1/4- 1/1/	11 \0.		1/1/1/1/2	62 arilur S.	



Ĺ	00655 CERTIFICATE OF DEATH  Reg. Dist. No. 165()
	PLACE OF DEATH  o. COUNTY  Garrett  2. USUAL RESIDENCE (Where deceased lived If institution. Residence before odmission)  2. Tale Beachley St. b. County Personale, Pa.
	b. CITY OR TOWN (If outside corporate limits, write   c LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Grantsville (rural) Two Mo. Neye rsdale, Pa. Somerset Co.
	d. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET ADDRESS  e., IS RESIDENC ON A FARM
	Goodwill Mennonite Home 219 Beachley St. / SYES NO
3.	NAME OF First Middle Lost 4 DATE North Day Year
	(Type or print) George L. Holliday OF January 24 196
S.	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24
	male white WIDOWED DIVORCED 6-22-1892 69 Months Doys Hours M
10	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)
	Retired Laborer   Saw Mill   Somerset Co., Pa.
13	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Jessie Holliday Margarete Christner
15	S WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address
	ves World W.#1 175-16-9439 Goodwill Mennonite Home Administ
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]
	PART I. DEATH WAS CAUSED BY: 1 Cute brain syndrome ONSELAND DEAT
	→ N DUE TO
	Conditions, if any which Cerebral arteriosclerosis 5 yrs
	gave rise to immediate couse (a), stating the under-
	lying couse lost. (c)
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO
CAT	Diabetes mellitus
CERT	
MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d. tNJURY OCCURRED Hour a.m. While Not while foctory, street, office bldg., etc.)  you work of twork of two twork of two
	21. I certify that I attended the deceased from Dec. 1 , 19 61, to Jan. 24, 162, that I last saw the decea
	alive an Jan. 23 , 19 62 , and that death occurred atM, from the causes and an the date stated about
	ADDRESS (Street, city or town, stote)  DATE SIG
	SIGNATURE G. Parge Strong M.D. Grantswille Ind. Jan. 24
	PHYSICIAN'S Daige Strong Grantsville, Md.
7	· Transaction of the control of the
22	220 BURIAL, CREMATION 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
12	Burial Jan. 26,62 Union Gem. Meyersdale, Pa.  3. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
3	
	A. C. IX onhows . Leversdale. Pa.   DATE EER 5 '62'

VS A1S (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



16	Division of STATISTICAL RESEARCH AND RECORDS, 301	W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	00658 MEDICAL EXAMINER'S CEI	RTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH   2. U	SUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission
\$ 80 ° €	a. COUNTY Garrett MARYLAND	STATE West Virginia Grant
Pas Pas	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	CITY OR TOWN (If outside corporate limits, write RURAL endigive nearest lown)
発音学 【人】	write RURAL end give necrest town)	
a Sir P	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d.	Gormania (5 x 3
\$ 1 1	d. Trante of Hostific or Institution (it not in nospilar, give street eddress)	ON A FARM?
de rue de	Garrett County Tenorial Hospital	YES NO X
any setai setai deal	DECEASED	Last 4. DATE Month Day Year OF
F to be to b		notts Death Jan 6th 1962
Sate Sate Sate Sate Sate Sate Sate Sate	L+ MAGNED TE LITTER WANTED	OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.    last birthday)   Months   Deve   Hours   Min
and and 2 v 2 v 2 v 2 v 2 v 2 v 2 v 2 v 2 v 2	Male   White   WIDOWED   DIVORCED   12/	12.1915 46 yrs. Months Days Hours Min.
2,7 e 5,7 e	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BIRTHPLACE (State or foreign country)   12, CITIZEN OF WHAT COUNTRY
Se 1	Miner Coal Ba	ayard, West Virginia USA
3. For		OTHER'S MAIDEN NAME
PW PW Wall	Samford Knotts	Emma Rinker
FE E E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORT	
\$ 50 € E	(Yas, no, or unkown) ! (Ifyes give werordetes of service)	
ferm with peri	no 236-14-3306 rs.  18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	. Viola Knotts Gornania, W. Va.
Security of the security of th	BART I DEATH WAS CALLED BY	ONSET AND DEATH
alo alo tran	immediate cause (a) Myocardial Infarct	ion, Acute Sudden
d is is a second	DUE TO	
Por Spirit	Conditions, if any, which (b)	
8 S B S B S B S B S B S B S B S B S B S	gave risa to immediate cause [a], stating the underlying DUE TO	
or day	cause lest. (c)	
a nes	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,a) 19, WAS AUTOPSY PERFORMED?
ord all E	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	AEZ NO K
F Specific	E 20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (Enter not	
ial show	PRIMARY Or CONTRIBUTING CONTRIB	
hief bur	20c, TIME OF INJURY Month, Day, Year 20d. NJURY OCCURRED 20e. PLACE OF I	NJURY (Home, farm, 20f. (City or town) (County) (State)
Pag of	Hour e.m. Whila Not Whila sectory, size	et, offica bldg., atc.)
rior rior	21 I certify that I look charge of the remains described above, held an	Autonou Innested (97) Legitor (92)
語言で		
Cert rde rde m	death resulted/from: Natural causes X. Accident . Suicide	Homicide . Undetermined manner .
The war	11	CHIEF MEDICAL EXAMINER
P P P	SIGNATURE IN. lenter fr 40 MD	ASSISTANT MEDICAL EXAMINER DATE SIGNED
PUN III be for III be for NERAL D	EXAMINER'S	DEPUTY MEDICAL EXAMINER X
PU Ses des des	NAME (Type) James H. Feaster, Jr., M. D	Address (Street, city, town, or county) Oakland, Md.
DEP Spend Shoul FUN its d	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMA	ATORY 22d. LOCATION (City, town, or country) (Stele)
5 g 4 5 g	Burial 1/8/62 Tarrett Co. Mem.	
VS. AISME	23 FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR   246 REGISTRAR'S SIGNATURE
5M 9160	Glerace M. Villmuch Oakland, Maryla	and DATE JAN 11 62 C. M. S. France
1,-		

MARYLAND STATE DEPARTMENT OF HEALTH



1		MARYLAND STATE DEPARTMENT OF HEALTH
FOR CIA		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FUK STAL DEALTH DE	DT I	1. PLACE OF DEATH
IILALIII DL	J II.	e. COUNTY CADD PROTE STATE MAD VI A NIT 6. COUNTY CADD PROTE
Page 18		b. CITY OR TOWN (If outside corporate l.m is. , c. LENGTH OF STAY IN Ib , c. CITY OR TOWN (If outside corporate l m is, write RURAL end give neeres) town)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		OAKLAND, MD. 1 HR. 46 MIN. OAKLAND, MARYLAND
dire dire	. 4.3	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS. RESIDENCE
le l	1"	GARRETT COUNTY MEMORIAL POSPITAL POUTE # 2 BOX 181
amy of fundamental from the start Start learth		3. NAME OF First Middle Last 4. DATE Month Day Yeer OF
o the series of		(Type or print) CHARLES ROBERT LUDWIG DEATH JANUARY 29 19 62
leath 13 t ay b with s aft		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   last birthdey) Mogths Days Hours   Min.
12 mg	Ш	MALE   WHITE   WIDOWED   DIVORCED   OCTOBER 12TH-1961 yrs.   3 17
1, 2 1, 2 1, 2 3ge 3ge 1 and 72		done during most of working life, even if rehred)  Garnett County Md.
hour ages 3. Pr ges thin		13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Ve P PM PM e pa		ROBERT EUGENE LUDWIG DOROTHY ANN BAKER
ithir S. Gi	ľ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown), (Ifyes give we rordetes of service)
ad w		ROBERT EUGENE LUDWIG, OAKLAND, MD.
ecut in Ite or sit in a		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY.  ONSET AND DEATH
alor tran	V	MMEDIATE CAUSE (6) PNEUMUNIA, LUBAR, BILIATURAL LAND
ild b in per ffice irrial-		Conditions, if any, which (b)
shor s o o o		geve rise to immediate cause
cate indin iner d as	i	(e), steting the underlying Cause lest. (c)
Exam Exam s use tion,	e	PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1,0) 19. WAS AUTOPSY PERFORMED?
vorcical d be		PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1,81 19. WAS AUTOPSY PERFORMED? YES NO
Medin		20e. EXTERNAL CAUSE WAS  20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.)  PRIMARY   or CONTRIBUTING    CAUSE OF DEATH.
inef ing a 3 s		S 20c. T ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (Stete)
wri wri e Cf Pag		Hour e.m.  While Not While fectory, street, office bldg., etc.]  p.m. 19 et work et work
Prior Prior		21. I certify that I took charge of the remains described above, held an Autopsy K. Inspection K. Inquiry K. and in my opinion
ent,		death resulted from: Natural causes 🔼. Accident 🔲. Suicide 🔲. Homicide 🔲. Undetermined manner
War War		ACTUAL CHIEF MEDICAL EXAMINER ACSISTANT MEDICAL EXAMINER ACSISTANT MEDICAL EXAMINER ACTUAL
Be for RAL I		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED 1-29-52
OXEC Id by MER.	-	NAME (Type) DR. J.H. FEASTER, JR. Address (Street, city, town, or county) OAKLAND, MD.
Shour FUN		220. BURIAL, CREMAT ON, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCAT ON (City, town, or country) (Stete)
0 g 4 0 g		Burial 1/31/1962 Red House Cemetery Garrett Co., Md.
VS. AISME	2	23., FUNERAL DIRECTOR 246 REC'D BY REGISTRAR 246. REGISTRAR S SIGNATURE  Oakland, Md. DATE 550 1 602
SM 9 60	MI	DATE FEB 1'62 Chiller & Known
	4	2 (70% 1//



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 65 CMEDICAL EXAMINER CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Ros dence before edmission) e. COUNTY b. COUNTY Garrett MARYLAND Maryland. Garrett b. CITY OR TOWN (if outside corporate limits c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) & LENGTH OF STAY IN 16 write RURAL and give nearest town) Oakland. Hrs. Oakland. Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO Garrett County Mem. Hospital Mi. North 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH 19 62 ith the MERRILL 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In yours | IF JNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Days WIDOWED DIYORCED Aug. 9. 10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) House work For Others Garrett Co., Maryland, U.S.A. 13 FATHER'S NAME Nicholas Merrill Isobell Kight 15. WAS DECEASED EVER IN J.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address 121-16-0571 Mrs. Robert Wilt Oakland. 18. CAUSE OF DEATH [Enter only one cause per line for .e). (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PULMONARY FMOOLISM IMMEDIATE CAUSE (e) SUDDEN DUE TO geve rise to immediate cause DUE TO (e), steting the underlying PART II OTHER 5 ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1,611 19, WAS AUTOPSY PERFORMED? OF STOMACH CONTENTS, TERMINAL
20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert II of Item 18.) YES X NO -20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) While Not While fectory, street, office bldg., etc.) Hour a.m. et work | et work | 21 I certify that I look charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X. and in my opinion Natural causes Accident Homicide Undetermined manner death resulted from Sufcide I CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATUAL DEPUTY MEDICAL EXAMINER Oakland, Md (Stete) NAME (Type) James H. Feaster, Jr. M. D. Address (Street, city, town, or county)
ON, 22b. Date thereof 22c. Name of cemetery or crematory 22d. Location (City 220. BURIAL CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) <u>5</u>40 ₽ Oakland Cometery Oakland, Garrett Co. 23, PUNERAL DIRECTO Oakland, Md. VS. AISME Unday S. Thomas 5M 9 60

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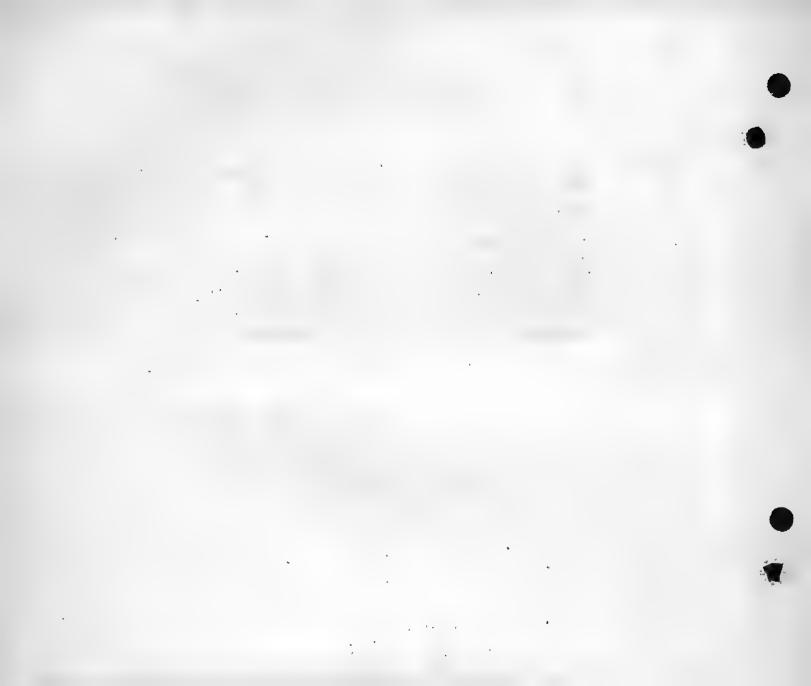
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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
M	CERTIFICATE OF DEATH  Reg. Dist. No.
M	1. PLACE OF DEATH o. COUNTY  BRRETT  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE BRRETT  MARYLAND  COUNTY  COUNTY  COUNTY  COUNTY
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  R.F.D. 1- DALISBURY, PA 3448.  SAME AS (B)
X	d. NAME OF HÖSPITAL (If not in hospital, give street oddress)  or INSTITUTION  e. IS RESIDENCE ON A FARM? YES \( \sum NO \)
	3. NAME OF DECEASED PESSIE CATHERINE Middle Lost 1. DATE OF DEATH JAN 8 1962
	5. SEX  16. COLOR OR RACE  7. MARRIED NEVER MARRIED  8. DATE DE BIRTH  9. AGE (In years loy, birthday)  WIDOWED  DIVORCED  DIVORCED  DIVORCED  B. TT. No 1896  9. AGE (In years loy, birthday)  Months  Doys Hours Min
	100 USJAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHFACE (State or foreign country)  HOUSE WIFE  12 CITIZEN OF WHAT COUNTRY?  13 S.A.
	13. FATHER'S NAME  HENRY WITT  LLEN PLATTER
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (19 ve. give wor or dates of service) New E Manham Millar
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
	By Due to
я	Canditions, if any, which gove rise to immediate couse (a), stating the under-tying couse lost.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES   NO BO
	20g ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o. m.  p. m.  19  20d. INJURY OCCURRED While Nat while of wark at wark a
	21. I certify that attended the deceased from Dec. 1, 1961, to 1962 that I last saw the deceased alive on 1962, and that death accurred at 11:30AM, from the causes and an the date stated above.
	ACTUAL SIGNATURE A Paire Strong M.D. Stratuelle Med Street M.D. Stratuelle Med Med Med Med Med Med Med Med Med Me
1	PHYSICIAN'S NAME (Type)
,.	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)  BURIAL 1-11-62 GRANTS VIIIE GRANTS VIIIE GRANTS VIIIE
Ty.	23. PUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
,	MON, 1 Cell Man Standbelle IVER. DAJEAN 12'62 Orthur & Kraus



1 2	Z,	MARYLAND STATE DEPARTMENT OF HEA	LTH—BALTIMORE, 18
and the same	1	COSO CERTIFICATE OF DEA	ATH Reg. Dist. No.
director,		1 PLACE OF DEATH g. COUNTY	E (Where deceased lived If institution: Residence before admission) b. COUNTY
e funeral dire	X	GARRETT MARYLAND MA	GARRETT
uner Id be		RURAL and give accress town)  RURAL GRANTSUILLE NIFE TRUBE	V (If autside carparate limits, write RURAL and give nearest town)
a Page	X	d. NAME OF HOSPITAL (If not in haspital, give street address)  OR INSTITUTION  d. STREET ADDRE	
Pages 1 an		3. NAME OF DECEASED (Type or print)   RWIN   First   Middle   Last   WILLER	4. DATE Manth Day Year OF DEATH JAN 17 1961
£ 4		S SEX  6 COLOR OR RACE  7. MARRIED NEVER MARRIED  8. DATE OF BIRTH  1/1/14 - WIDOWED DIVORCED  MAD  1/2	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR: last birthday) Months Days Haurs Min.
cample papers.		10a USUAL OCCUPATION (Give kind of wark dane 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE during mast of warking life, even if retired)	State or foreign country)  12. CITIZEN OF WHAT COUNTRY
ian and carban p		RETIRE GREENHOUSE PRADRICER GARRE	TT Co. Mo U.S.A.
physician and car mave carban pap hours after death	7		ERINE BEACHY
		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT. [19 on no. or unknown] [19 yes, give wor or dates of service]	Address M. M. O.
strending please re within 72		18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c).]	Interval Between
atte		PART I. DEATH WAS CAUSED BY: Cloute Coronary Occi	MASSES TO ONSET AND DEATH
the seen		DUE TO SILE TO	Lalina a
ned 5 permit.		Conditions, if any, which gave rise to immediate DUE TO	ui distase
ian. en sign insit p	1	lying cause last. (c)	
beer to	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ding pt ate has burial		20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of inju	
atten artific as th			farm, 20f (City ar town) (Caunty) (State
this of the remains		20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. While at wark at wark at wark	., etc.)
After the ed for ial, cre		21. I certify that I attended the deceased fram. Mar 10, 1961, ta	
y the TOR: After detached to burial,		alive an 1962 and that death accurred at 11.5	ADDRESS (Street, city or town, state)  DATE SIGNE
		SIGNATURE Seonard & Koll Wano. 20	9 North St 1/2/6
FUNERAL DIXEC page 3 shauld be the registrar priar	- 1	PRYSICIAN'S Leonard L Rock Mi) M	leyersdale la
may be O FUNEI page 3 the regi		220 BURIAL, CREMATION, 226 DATE THEREOF PRINCES. NEW NOW IT	SPRINGS SOMERSET CO, PA
S A1S (4)	Roc	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1240.	REC' BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
SM 9/SB	B.	pon filawan flamaville, ma loar	EAN 2 4 162 Could S. Flows



1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
		CERTIFICATE OF DEATH	UIG56				
in the standard stand		1. PLACE OF D					
MH		O. COUNTY GARRETT MARYLAND D. COUNTY	- 1 + 1				
A = 5 = =		b CITY OR TOWN (if outside corporate limits, write RUR write RUR and give neerest town)	(AL end g ve neerest lown)				
in by Start		OAKLAND, MD 2 YRS RURAL GRANTSUIZ	LE NO				
viffiin salah	41	d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, a ve street eddr 255)	e, IS RESIDENCE ON A FARM?				
ed v tely ers.		3. NAME OF VISING TOME UAKLAND "	Dey Yes NO				
mple pap	T	OESTER OF DEATH	11 19 62.				
o po	1)	5. SEX   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   8 DATE OF BIRTH 9 AGE (In yeers   IF JI	NDER 1 YEAR   IF UNDER 24 HRS.				
n and a car		MALE WHITE WIDOWED DIVORCED . APRIL, 20 1876 85- YES.					
tifica sicial move		done during most of working life, even if retired)	12, CITIZEN OF WHAT COUNTRY?				
phy e rel		13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	(1, 5' La) -				
ding ding pleas nd ii		DULIUS VESTER   KUNIGUNDE SCHE	VARTZ				
the e		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown), (Ifyesgivewerordatesofservice)	2 11 MO				
that the the true Tr. T		18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).)	I INTERVAL BETWEEN				
ires siciar 1 by Sermi		PART I. DEATH WAS CAUSED BY: URE 12	ONSET AND DEATH				
phys gned grie isit p		DUE TO					
law ding en si I-trar emat		Conditions, I eny, which (b) HR FER. DSC/ENTSCS GENERALIZED	Yns -				
The them s be sourial, cr		geva rise to immediate causa [e], stating the underlying  DUE TO					
or a or a the harise buris	Δ	couse last. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	N PART 1(e)   19. WAS AUTOPSY				
CITA Portal ifical ifical r to	Mes.	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PERFORMED?				
hos cert cert prio		20e ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert ) or Pert It of item 18.) OR CONTRIBUTING CAUSE OF DEATH					
this ed to		U (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year , 20d. INJURY OCCURRED   20c. PLACE OF INJURY (Home, form, 20f. (City or fown)	(County) (State)				
Affer tach		Hour a.m. While Not While factory, street, office bldg., atc.)	(Conuss) (Siese)				
pp; c de			., 19.6.2 that (I) (we) last				
무 스 스		saw the deceased alive on / - 1961, and that death occurred al					
OTRE Short		22e. SIGNATURE ATTENDING MED. STAFF	22b. DATE SIGNED				
AL. H. H. H.	3	M.D. PHYS. DIRECTOR PHYS. 122d. ADDRESS	1-12-62				
Pag Pag TER , pa		NAME (Type) . H TE (Astex Va 120)	Al 80- A M				
HOSE ath. P FUNI ector,		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or REMOVAL (Specify)	county) (State)				
ပ္ခန္တည္ခ်န္တည္	3	BURIAL 1/17/09 DE JOHNS K. U. & HCCIDENTO	ARRETT COMO				
VR A15 (4) 15M 9/60	133	To the second se	RAR'S SIGNATURE				
	- 1	The same of the sa	PLANTE				



	MARYLAND STATE DEPARTMENT OF HEALTH
1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
वर्ण द	AOSE2 CERTIFICATE OF DEATH 0(0)57
# # T   N   N	1. PLACE OF DEATH  a. COUNTY  a. COUNTY  b. COUNTY
N. S. S.	Garrett Maryland Maryland. Garrett
P P P P P P P P P P P P P P P P P P P	b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporeta limits, write RURAL end give neerest town) write RURAL and give neerest town)
24 in b	Rural Deer Park 75 yrs. X Rural Deer Park,
if Policy X	d. NAME OF HOSP TAL OR INSTITUTION (If not in hospite, give street address   d. STREET ADDRESS   e. IS RESIDENCE ON A FARM?
ely fi	4 Mi. North of Deer Park 4 Mi. North of Deer Park, YES X NO 1
urtec	3. NAME OF First Middle Last 4. DATE Month Dey Yeer DECEASED OF
om per unit	[Type or print] James Vanmeter Paugh DEATH January 6, 1962
be rid c	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (In yeers   FUNDER 1/4 ARS.) Male White WIDOWER   DIVORCED   July 9. 1884
in air ent, ent,	Male White WIDOWED DIVORCED July 9, 1884 77 Wrs. Months Days Hours Min.  10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11 B RTHPLACE (County & State or fore gn country) 12. CITIZEN OF WHAT COUNTRY
riffica mov	Retired Farmer Own Farm Garrett Co., Maryland. U.S.A.
certific physicie e remov any ev	13. FATHER'S NAME
ath ing	Columbus L. Paugh Mary L. Moon
de d	15, WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT Address
t the state The The oval	(Yas, no. or unkown) (Hyesg vewarordeles of service) 215-36-9289 Boyd Paugh (Brother) Deer Park, Md.
than the same of t	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]
ires sicia d by perm or u	PART I. DEATH WAS CAUSED BY: Coronary accusion fuddling
Phy phy gne gne ion,	
ing ing trai	Conditions, if any, which (b) Carman Cluteres Researce 2723_
he liend lend bee bee brial rial	geve rise to immediate ceuse (a), stating the underlying DUE TO
hes hes	causa lest. (c) luterros clerose (072)
LAN Safe of the control of the contr	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
SIGNATURE SERVICE SERV	YES NO
or u	20b. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH  Of EITHER, NOTIFY MEDICAL EXAMINER)
E STATE OF THE STA	
Affe by Affe b	Hour a.m. While Not While fectory, street, office bldg., etc.)
A del St. o	
599	21. I certify that (I) (this hospital) attended the deceased from 5/9/ 19. 58 to 1/5/ 19. Octhat (I) (we) las
oulc out	saw the deceased alive on
O HIS S	ATTENDING MED. STAFF PHYS. P DIRECTOR PHYS.
18. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	22c. PHYSICIAN'S 22d. ADDRESS
Pag William	NAME (Type) Dr. Andrew E. Mance Oakland, Maryland.
HOSPIT FUNER FUNER ector, pa filed wit	23s. BURIAL CREMATION   23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (Steta)
death. O death. De file	Burial 1/9/1962 Oakland Cemetery Oakland, Md.
WR A15 (4)	24 JUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
15M 9/60	The deighton Oakland, Md. DATE JAN 11 '62 C' Chur & Thank



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. MEDICAL PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY b. COUNTY Page Garrett Maryland Garrett MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I m ts, write RURAL and give neerest town) ector. Rural, Hutton, Md. Minutes Oakland Rt. 1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, p ve street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES IN NO retaine he State 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) Frederick DEATH January 30th 19 Henry Paulie 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE IIn years HE UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months WIDOWED [ DIVORCED T hin 24 hours after Give Pages 1, 2, 3 rm PM3, Page 5 10a. USUAL OCCUPATION (Give xind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if raticed) USA Aurora, W. Farming Farner 13. FATHER'S NAME Amelia Shaffer Lewis Paulie 'in pencil in Item 18. Giv Office along with form burial-transit permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMANT Address Oakland Rt.1. (Yes, no, or unkown) (If yes a vewar or dates of service) Mrs. Jessie Paulie "ar"land INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary occlusion Sudden IMMEDIATE CAUSE (a) DUE TO Arteriosclerosis, generalized Years Conditions, if any, which (6) gave rise to immediate cause "pending" DUE TO (a), stating the underlying Examiner used i PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Hypertension NO T D 20a. EXTERNAL CAUSE WAS 1 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. should be forwarded to the Chief Prone A DIRECTOR: Page 3 its designated agent, prior to buri 20d. N.URY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (State) While factory, street, office bldg., etc.) Not While at work at work the certificate, 21 I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry X and in my opinion Natural causes 12, Homicide Undetermined manner Accident Su.clde CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED lease executor to should be for DEPUTY MEDICAL EXAMINER [29] EXAMUNER Tames n. reaster, Jr., M. D. DEPUT Address (Street, c.ty, town, or county) Oak., Md. 1-31-62 NAME (Type 226. BURTAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 240 g Terra Alta Ceneterv Terra Burial ADDRESS 23. FUNERAL DIRECTO 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Cakland, "aryland DATE 5M 9/60

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) e. COUNTY b. COUNTY Marvland Garrett Garrett MARYLAND b CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I m ts, write RURAL end give neerest town) write RURAL and give neerest fown) Oakland vrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 140 Garrett Co. Menorial Hospital 2 nd. St. YES NO X 3. NAME OF 4. DATE Month DECEASED (Type or print) Wavne DEATH Ream Jan. 23rd. 1962
9. AGE (In years IT UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6, COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH إلى (pirthday) Months | Days White July 15, WIDOWED DIVORCED [ 10s, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if relired) Crellin. Ad. Coal Industry Clark USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles W. Ream Ida M. Lee 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give weror detes of service) Oakland, Maryland no rs. Eva Ream 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c), INTERVAL BETWEEN along Office along burial-transit noval ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTRACRANTAL. HEMORRHAGE days DUE TO Conditions, if env, which MACERATION OF BRAIN gave rise to immed ate cause **DUE TO** (a), stating the underlying cause lest. PART II. OTHER S.GN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 01 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18 ) PRIMARY CH or CONTRIBUTING CAUSE OF DEATH. Apparently fell in bathroom andstruck his head. MEDICAL age to bi 20c. TIME OF NIJRY Month, Day, Year 20d. INJURY OCCURRED , 20s. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (Stete) While Not While fectory, street, office bldg., etc.) he H at work et work X Home Oakland Garrett Md. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 📆 Inquiry 📆 and in my opinion death resulted from-Natural causes Accident X / 7 Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER T designated should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER James H. Feaster, Jr., M. D. Address (Street, city, town, or county) OAKLAND, MD. 22b. DATE THEREOF | 22c. NAME OF CEMETERY OR CREMATORY | 22d. LOCATION (City, town, or country) NAME (Type) 226. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) ₹40 à Oakland, Burial Oakland Cenetery Marvland FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Oa'tland. Maryland | 'AN 2 9 '62 Colling & Kingis DATE

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, DALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) e. COUNTY a. STATE b. COUNTY Teat files. MARYLAND MARYTAND ALLEGANY b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate | m ts, write RURAL end give nearest town) irector write RURAL and give nearest town) YOUR 70 OAKLAND OLDTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? CUPPERT WEEKS NURSING HOME YES X NO 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH RICKENBURG 2N D with 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TY 9. AGE (In years LIF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months WIDOWED -DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11 Give Pages 1, 2, prm PM3, Page BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEWEELE OWN HOME MARYLAND USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN\_H. BARTH ELIZABETH BARTH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) ((fyesgive weror detes of service) Office along with burial-transit perm OLDTOWN, MRS. DONALD HAUGH MD. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: pue BRONCHOPNEUMONIA, BILATERAL in pencil IMMEDIATE CAUSE (a) Daysremoval DUE TO (b) "pending" gave rise to immediate cause DUE TO 88 (e), stating the underlying Examiner' cremation, o PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDIT ON GIVEN IN PART 1(e) 19, WAS AUTOPSY CERTIFICATION Medical Ex should be u PERFORMED? NO 4 COR PULMONALE 200. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Iram 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. # # % prior et work | et work 21 I certify that I took charge of the remains described above, held an Autopsy 20 Inspection 😿 , Inquiry X and in my opinion iorwarded to DIRECTO death resulted from. Natural causes Accident 1 Suicide | Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease ex the the should be forwer to FUNERAL DII tate for a MO ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 1-2-62 DEPUTY MEDICAL EXAMINER DEPU JAMES H. FEASTER, JR., M. D. Address (Street city, town or county) NAME (Type) 220. BURIAL CREMATION, 225 DATE THEREOF 1 22c. NAME OF CEMETERY OR CREMATORY 22d. IOCATION (City, town, or country) REMOVAL (Specify) ₽40 p JAN.5,1962 BURTAL OLDTOWN OLDTOWN, MD.

240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME BYRON KIGHT CUMBERLAND, MD. DAHAN 8 Certhur & France 5M 9/60' '62

MARYLAND STATE DEPARTMENT OF REALTH



00666 CERTIFICATE OF DEATH Reg. Dist. Not the funeral director, ould be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) JARIENDS UILLE IENDSUILLE d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED Middle 4. DATE First Last Manth Day Year campletely filled OF DEATH Pages (Type or print) <del>የ</del>ዕ 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Manths WIDOWED carban papers. ofter death. 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY W. BIRTHPLACE (Stafe or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOUSE WIFE ond 13. FATHER'S NAME physician attending physicio en please remave d vithin 72 haurs a JOHN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter anily one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO permit. Canditians, if any, which gned gave rise to immediate DUE TO cause (a), stating the undercertificate has been si e as the burial-transit lying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? FIUENZA YES TO NO Z 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e PLACE OF INJURY (Hame, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a. m. While Nat while at work at wark p. m yan wan 21. I certify, that I attended the deceased fram ... 1952,that I last saw the deceased ,, and that death occurred at 3:55AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE IENDSIL TO FUNERAL DII page 3 shauld he registrar PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) ÉMNERAL-DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR V\$ A15 (4) 2 5 '62 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased Lved, If institution, Residence before each ssion) e. COUNTY b. COUNTY rector. P. files. Garrett Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Oakland Rt # PURAL OAKLAND (\_MINUTES d. NAME OF HOSP,TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a. 15 RESIDENCE ON A FARM? YES K NO retaine. ond 3 to the fune CO. MEM. NAME OF 4. DATE DECEASED OF (Typa or print) with 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. may 2 with last birthday) 38 WIDOWED -DIVORCED PM3. Page 5. page 4. p 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CIT.ZEN OF WHAT COUNTRY? done during most of working life, even if retired) Erwin, W. Va. IISA Chicken Ind. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Perry Hardesty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mary Knotts (Yes, no, or unkown) | (If yes give wer or detes of service) Oakland Rt# Robert Sliger pencil in Item 1 ong with " in pen.
s Office alons,
burial-transit pe 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY HEMORRHAGE, DIFFUSE SUBARACHNOID SUDDEN IMMEDIATE CAUSE (8) **DUE TO** ANEURYSM OF RIGHT gave rise to immediate ceuse DUE TO (a), stating the underlying POSTERIOR CEREBELLAR ARTERY cremation, o PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOFSY CERTIFICATION PERFORMED? YES X NO pluods 20a. EXTERNA, CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Entar neture of injury in Part I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF NJURY Month, Day, Year | 20d. NJURY OCCURRED, 20e, PLACE OF INJURY (Home, ferm, 20f (City or town) (State) (County) Not While factory, street, office bldg., etc.) Whila at work ot work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X and in my opinion Natural causes X. Acc dent / Suic de | Homicide | Undetermined manner slesse executor the cert should be forwarded FUNERAL DIRECT its designated agen the CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATUR DEPUTY MEDICAL EXAMINER TY JAMES H. FEASTER, JR., M. D. Addrass (Street, city, town, or county) OAKLAND
PN. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) Garrett Co. Mem. Gardens Oakland, Maryland 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE - which & Threes Oakland, Maryland DATE JAN 8

STATE CEPAREMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
	OOCCO CERTIFICATE OF DEATH	0.0663	
NIT.	PLACE OF DEATH  a. COUNTY  Garrett  MARYLAND  JUSTO 1 Wk  USUAL RESIDENCE (Where decessed lived, J.  a. STATE W. Va.  b. COU	f Institution: Residence before edmission)  NTY  Tucker	
XI	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, wr write RURAL and give nearest town)		
0 -	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?	
- "	Garrett County Memorial Hospital	YES NO	
3.	NAME OF First Middle Last , 4. DATE Mor DECEASED OF	22 4- 62	
$\overline{5}$ .	(Typa or print)  Alice  Sex  Octor or RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (In year last birthdey	IF UNDER 1 YEAR IF UNDER 24 HRS.	
	demale hite WIDOWED DIVORCED 1 June 24, 1898 63 yes.		
10 de	DB USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR NDUSTRY 11 BIRTHPLACE (County & State, or foreign country done during most of working life, even if retired)		
	Housewife Dourlas, W. Va.	U. S. A.	
13			
15	Adam Getinsky  5. WAS DECEASED EVER NO. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (US band Address)	" Box 124	
(Y	tes, no, or unkown) (lives give weror deres of service)	is, W. Va.	
	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) ]	INTERVAL BETWEEN ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinomatosis	3 vrs.	
	1 7 0 Y DUE TO		
	Conditions, if eny, which (b) Primary carcinoma of right breast	3 yrs.	
	(a), stating the underlying DUE TO		
)   _	ceuse lest.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G	EVEN IN PART 1(a) 19. WAS AUTOPSY	
CATION		PERFORMED?	
CERTIFI	206. ACCIDENT WAS UNDERLYING (20) DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of Item 18.)  OR CONTRIBUTING (CONTRIBUTING CONTRIBUTING CONTRIBUT	, <u> </u>	
MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, straet, office bldg , etc.)  While Not While af work af work af work	(County) (Stata)	
	21. 1 certify that (I) (this hospital) attended the deceased from 1-20-624-0491-312-626.	20A 19 M. that (I) (Xe)Clas	
	saw the deceased alive on 1-3.0-62	s and on the date stated above	
	22a. SUGNATURE ATTENDING MED. STAFF	22b. DATE SIGNED	
	226 PHYSICIAN S PHYS. DIRECTOR PHYS. 22d. ADDRESS	1 T-7M-0%	
	NAME (Type) Dr. James H. Feaster Jr Oakland, Maryland	- 4	
23	38. BURIAL, CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City,	town or county) (State)	
		. W.Va.	
24	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 25b. I		
1	Wayne C. Speggle Davis, W. Va. DATE FEB 1'62	Cotton of House	

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Invision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, DALTIMORE 1. MARYLAND I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Rasidence before edmission) COUNTY Maryland b. COUNTY Garrett GARRETT MARYLAND b. CITY OR TOWN (if ouls da corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give negrest town) write RURAL and give nearest town) Grantsville, Md. Years Rural, Grantsville, Maryland d. NAME OF HOSPITAL OR NSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle 4. DATE Year DECEASED Plummer DEATH (Type or print) Richard Stroup Jan. 62 2nd. 19 16. COLOR OR RACE , 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years HE UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months | Days WIDOWEDY DIVORCED 10a. JSUAL OCCUPATION (Give kind of work I 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired? Wolf Summit, pages 1 within Unemployed Laborer Construction W. Va. Laura Luton Henry Stroup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) Mrs. Gave Lindeman, Boynton, Pa. NO
18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN Immediate PART I. DEATH WAS CAUSED BY: Ruptured Heart IMMEDIATE CAUSE (e) Office burial-ti DUE TO Self-Inflicted gunshot wound of left chest gave rise to immadiate cause DUE TO (e), stating the underlying used ion, o PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(1) 19. WAS AUTOPSY PERFORMED? Medical should by NO 4 20b DESCRIBE HOW .NJURY OCCURED. (Enter nature of Injury in Part I or Pert II of Iem 18.) 20e. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH 20d. NJJRY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or lown) 20c. TIME OF INJURY Month, Dev. Year (Stata) factory, street, office bldg., etc.) While Not While at work at work t of 21. I certify that I took charge of the remains described above, held an Autopsy 🗶 Inspection 🔀 Inquiry X and in my opinion Suicide 5 Homicide [ Undetermined manner Natural causes Accident CHIEF MEDICAL EXAMINER M D ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL its designate Oakland. DEPUTY MEDICAL EXAM NER TO EXAMINAR'S James H. Feaster, Jr., M. D. Address (Street city town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) \$ 0 P Salisbury. Somerset. .O.O.F. 24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Cirthur & Krans Grantsville.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00670 PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admiss on) a. COUNTY b. COUNTY Garrett Md. Garrett 유건. MARYLAND by # b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Rural Swanton Rural Swanton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES X NO papers in 72 hou completely 3. NAME OF First Middle Last 4. DATE Month Dey Year DECEASED OF (Type or print) Cleveland Warnick DEATH Oris Jan. 30 19 62 and cor carbon 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In yaers | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months. Days Hours White Male WIDOWED -DIVORCED | Mar. 11, 1887 10a. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) U.S.A. Coal Mine Miner Garrett Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harley Warnick Eliza Paugh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) [ (Ifyesgiva war or dates of service) Mrs. Oris C. Warnick-Swanton. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN of olta, or attending physicia ficate has been signed by as the burial-transit perm to burial, cremation, or re Carcinina Liver ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 3mos IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immadiate cause DUE TO (a), steting the underlying PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? NO CERTIFIC 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 25 Jan 1962, to 30 Jan 1962, that (I) (we) last 30 Jan saw the deceased alive on... DIRECT 3 shout the Series 62 DATE JCHATUK Feb ATTENDING STAFF SIGNED DIRECTOR PHYS. death. Passe I to FUNERAL I director, page 2 be filed with the PHYS. 22d. ADDRESS Westernport **BHYSICIAN'S** Md J. (eqyT) SMAN M D Norman Reeves 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF (State) Mt. Zion. Garrett County Md. 256, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE **ADDRESS** DIRECTOR'S SIGNIA VR A15 (4) arthur J. Kines 15M 9/60 Westernport. Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH

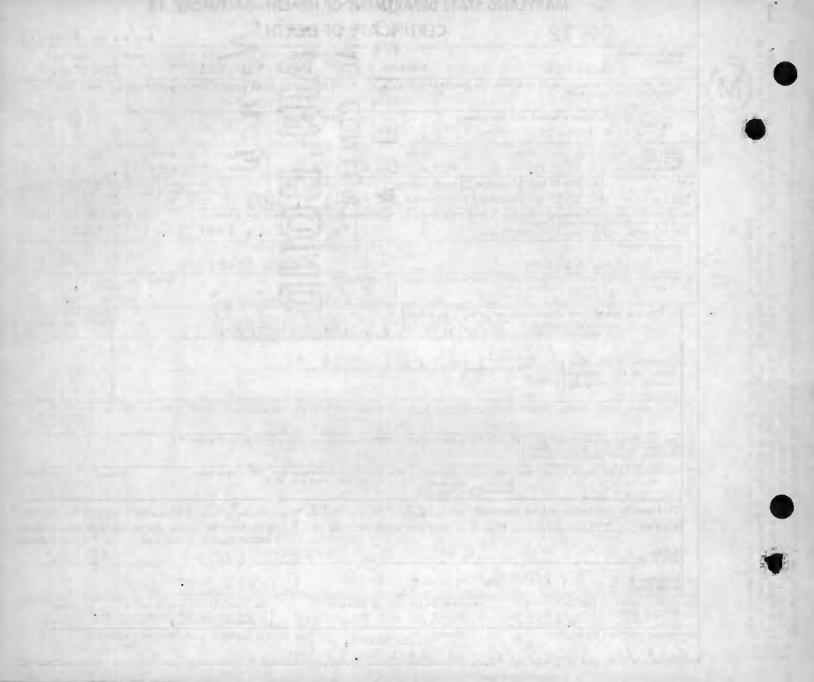


1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
	CAN.		0.0	TE OF DEATH	41666	
affer and Joseph	$ VI\rangle$		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If is	nstitution: Residence before admission	
the fu			GARRETT MARYLAND		PRINCE GEORGE	
by thank			c. CITY OR TOWN (if outside corporate   mits, c. LENGTH OF STAY IN 15 write RURAL and give nearest lown)		RURAL end give nearest town)	
a in 2	94	_	OAKLAND 3 MOS.	LANHAM,	10 X	
Ath.			NAME OF HOSPITAL OR INSTITUTION (Final in hospital, give street eddress)  OAKREST NURSING HOME	d STREET ADDRESS	e. IS RESIDENCE ON A FARM?	
9 1 S	I	3	NAME OF First Middle	.l Lasi '4 DATE Month	Day Year	
The state of			DECEMBED Type or print)  NELLIE (DAYTON)	WILAND DEATH JANU	/-	
exe				B DATE OF BIRTH 9. AGE (in years	/ · · /	
and l			6. COLOR OR RACE 7. MARRIED NEVER MARRIED WHITE WOOME X DIVORCED		Months Days Hours Min.	
ical cial		10a	USUAL OCCUPATION (Give kind of work le during most of working life, even if ratired)	STRY II BIRTHPEACE [County & State, or foreign country]	12. CITIZEN OF WHAT COUNTRY	
ertif eysic emc		Ī	IOUSEWORK OWN HOME	PENNSYLVANIA	U.S.A.	
1		13,	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
ding			JOHN HARDEN	JULIA BALES		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  (Yes, no, or unkown) [(Ifyesgivewerordetesofservice)]						
# te		<u>.                                    </u>	NONE C	HAS. DAYTON, RFD 2, FROST	BURG, MD.	
ian.			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ]		INTERVAL BETWEEN	
prire ysic ysic ad t			PART I. DEATH WAS CAUSED BY:	VASCHHAR ACCIDENT	3 4-75	
red ingi- transt			33 DUE TO		4,5.	
law ding en s I-tra ema			Conditions, if any, which (b) ARTERIOSE	Enosis Severalina	7 - 7	
The tengent the crisis			gave rise to Immediate cause (e), stating the underlying  DUE TO	,		
rad and and and and and and and and and a			cause last. (c)			
LAN Safe safe o br	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WA PE YES					
Spid Spid Spid Spid Spid Spid Spid Spid		ICAT	Dippetes		YES NO D	
or u		CERTIFI	OR CONTRIBUTING I'T CAUSE OF DEATH	RED. (Enter nature of in usy in Part I or Part II of Item 1B.)		
西寺寺寺書			(IF EITHER, NOTIFY MEDICAL EXAMINER)			
DING ned by After letach		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED 20c. P While at work 19 at work 19	PLACE OF INJURY (Home, farm, 20f. (City or Iown) factory, street, office bldg., etc.)	(County) (Stelle)	
O To to			21. I certify that (I) (this hospital) attended the deceased from	m /0 2 , 19.6/, to /-//	, 19, that (I) (wa) las	
A SO O			saw the deceased alive on 17		and on the date stated above	
Stat			220. SIGNATURE		22b. DATE SIGNE	
O E D S e			Voume as teater 140	M.D. ATTENDING MED. STAFF	31GNEI	
E 등	1		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	1 18	
A LA			1 14 teaster, In h	2 38 2-1 St On	chond had	
Hand Hand		23e	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER			
စီနိုင္မရွိ	0		BURIAL   1-21-62   Vale Summ	it Cemetery   Vale Summi		
VR A15 (4)	1/2	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	JAN 2 3 '62	SISTRAR'S SIGNATURE	
15M 9/60	Do	12	FROSTBURG	, MD. DATE		



CERTIFICATE OF DEATH 00672 Reg. Dist. No. 011667 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY West Virginiaounty Garrett MARYLAND Preston CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) Kingwood d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE Cuppett ON A FARM? Nursing Home YES NO NAME OF Middle 4. DATE Month DECEASED (Type or print) Hite Wilson January 62 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years last birthday)
9. AGE (In years yes. IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Male White WIDOWED | DIVORCED TX 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Retired School Teacher Taylor Co., West Va. HISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nathan Wilson Sarah Shaffer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Romney, West Va. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ā ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO | 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, 20f. (City or town) Doy, Year (County) (State) Haur o.m. factory, street, affice bldg., etc.) Not while at work at work p. m. 21. I certify that I attended the deceased from . 19 2 that I last saw the deceased and that death accurred at 3 AM, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) FUNER oge 3 st 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) agod Maplewood Cemetery Kingwood, West Virginia FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR Kingwood. VS A15 (4) Circling S. Krava 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1	7	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 CERTIFICATE O	F DEATH 011668			
time of the state	X	e. COUNTY 6.	SUAL RESIDENCE (Where decesed lived, If institution, Residence before edmission)  STATE Maryland b. COUNTY Allegany			
in by the	771	b. CITY OR TOWN (if bulside corporate limits, write RURAL and give neerest fown)	CITY OR TOWN (If outside corporeta limits, write RURAL end give neerest town)  Frostburg			
within ages	10	Garrett County Memorial Hospital	STREET ADDRESS  o. 15 RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)			
omplete nin 72 l		(Type or print) William Youngerman	Last 4. DATE Month Dey Yeer OF DEATH 15 19 62			
n and con carbor ent, with		Male White widowed X DIVORCED 1-1	OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   If U			
certifica physicia e remove		done during most of working life, even if relired)  Celanese Corp. of America-Dye House	Maryland United States			
tending en pleas	I	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM				
ian. by the armit. The remove		18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY:	arold Youngerman, Frostburg, Md.			
v require g physic signed l ansit per		IMMEDIATE CAUSE (a) XC PEDENCE (UMO)	nesous Land			
The lay attending as been burial-trial.		Conditions, if any which geve rise to Immediate cause (e), stating the underlying cause last.	generalized 54nH-			
ICLAN: spital or ifficate h e as the or to bur	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO SELECTION OF THE PART O	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED?  YES NO N			
this cer ad for us		206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
After After detache		Hour a.m. While Not White factory, street work et work	NJURY (Home, farm, 20f. (City or town) (County) (Stete) et, office bldg., etc.)			
R ATY y be nould be nould be state Dep	21. I certify that (I) (this hospital) attended the deceased from 1-10					
4 ma 4 ma LIL DI age 3 sh ih the S	,	Annound. M.D. Pr	TTENDING MED. STAFF LYS. DIRECTOR PHYS. D			
HOSPI ath. r FUNE: ector, p filed w	1	236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CRE. REMOVAL (Specify)	and the second s			
O 등 다 등 교 VR A15 (4)	BURIAL 1-18-62 PROSTBURG MEMORIAL PARK PROSTBURG - ALLEG  ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE					
ion plan	29	Locken 11. Warrel Transported 11	Md DATEAN 2 4 162 Linear B. Trans			

MARYLAND STATE DEPARTMENT OF HEALTH

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